



YOUTH ALL-NIGHTER EVENT



March 1-2, 2019

Sacramento Presbytery Emergency Form Authorization for Medical Treatment & Liability

Participant's Name: _____ Date of Birth: _____

Participant's Church: _____ Participants Phone #: _____

Participant's Grade: _____ T-Shirt Size: _____

Parent/Guardian: _____ Relationship: _____

Emergency Contact: _____ Phone (_____) _____

Authorization for Medical Treatment

This release and consent gives The Sacramento Presbytery permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered. I understand that every effort will be made to contact me. However, in case of an emergency, if I cannot be reached, I hereby give The Sacramento Presbytery permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release The Sacramento Presbytery and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

Release of Liability

I understand that participation in Sacramento Presbytery activities is a privilege. In consideration of that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor child who is participating in Sacramento Presbytery activities. I understand that by partaking in The Sacramento Presbytery activities, my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks, whether such risks are known or unknown to me at this time. I further release The Sacramento Presbytery, including its directors, volunteers, employees and agents, from any claim that I, or my child, may have against them as a result of physical injury or illness incurred during participation in The Sacramento Presbytery activities. In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity or sport sponsored by the above named organization.

Current Medications

(Medications must be sent with participant in their original containers.)

Medication name: _____ For: _____ Dosage: _____

Health Insurance Company: _____ Group Number: _____

Phone number (____) _____

Primary card holder _____

Primary Doctor: _____ Phone (____) _____

Note: I understand that my personal insurance is primary.

Parent or Guardian Signature _____ Date _____

Media Authorization

By signing below I understand that my photo, video, interview, electronic image might be used for Ridiculousness promotion and future publication.

Signature _____ Date _____